



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING & REGISTRATION
BARBERING AND COSMETOLOGY PROGRAM
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

ANNE L. HEAD
COMMISSIONER

TRAINEE AFFIDAVIT – COSMETOLOGY

TRAINEE NAME: _____ License Number: _____

Initial Registration Date: _____ Expiration Date: _____

Qualified Supervisor: _____ License Number: _____

Check If Applicable: ☐ Completion of Trainee Program ☐ Discontinue Training
Date: _____ Date: _____

CREDIT GRANTED FOR INSTRUCTION AND TRAINING IN THIS TRAINING LOCATION

Courses	Hours	Operations	Courses	Hours	Operations
Hygiene; Sanitation			Manicuring & pedicuring		
Anatomy; Chemistry			Permanent Waving		
Chemical Hair Relaxing			Finger waving, molding, roller placement & pin curls		
Cosmetic Therapy: scalp treatment use of cosmetics, & makeup & facial massage, skin care (with and without machines), superfluous hair removal			Shop Management; Laws and Rules		
Electrical Devices Equipments/Implements			Psychology & human relations		
Shampoo			Unassigned		
Wiggery			Hair coloring & bleaching		
Hair cutting Styling and Shaping (all implements)					
				Total Training Hours	

I, as the Qualified Supervisor, hereby certify that instruction and training as contained in this affidavit was provided and received by the above named Trainee and was satisfactory. The training and instruction provided to this trainee is in accordance with applicable rules established by the Barbering and Cosmetology Program.

Direct Supervisor

Signature of Trainee

Date



PRINTED ON RECYCLED PAPER

GERALDINE L. BETTS, ADMINISTRATOR
PHONE: (207) 624-8625
EMAIL:
GERALDINE.L.BETTS@MAINE.GOV

INTERNET:
www.maine.gov/professionallicensing

Clerk (207) 624-8621
Main Receptionist (207) 624-8603
HEARING IMPAIRED/TTY 1-888-577-6690
FAX: (207) 624-8637

OFFICE LOCATION:
GARDINER ANNEX
76 NORTHERN AVENUE, GARDINER, MAINE